POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO									
I hereby revoke all pre 37 CFR 3.73(b).	vious powers of attorney g	iven in the ap	plication	identified in the a	ttached staten	nent under			
I hereby appoint:									
Practitioners associ	ated with the Customer Numbe		021971						
		021971							
OR									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name	Registration		Name		Registration			
		Number	_			Number			
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as attorney(s) or agent(s) to represent the undersigned before the United Skistes Palent and Trademark. Office (USPTO) in connection with ray and all patient applications assigned <u>only</u> to the undersigned according to the USPTO essignment records or assignment documents attached to this form in apportance with 37 CFR 3.73(b). I further subnotize any of the above-destined practitioners to excure the Skistement applications are subnoted to the subnotized and the subnotized and the subnotized and the subnotized and the subnotized that the undersigned covereship in any and all patient applications in which pitch that have been assisted to the subnotized to the subnotized that the undersigned covereship in any accordance with the undersigned covereship in any accordance to the subnotized transfer of the subnotized transfer									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
The address asso		021971							
Firm or									
Address									
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City	1	State			Zip				
Country									
Telephone			Ema	il					
Assignee Name and Address: PQ BYPASS, INC. 2490 Hospital Drive, Suite 310 Mountain View, CA 94040									
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A copy of this form, together with a statement under 37 CFR 3.73(b) [Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	M	Date	9/	8/	11				
Name	Richard Lotti	Telepi	Telephone /						
Title	President/CEO		408.202.0657						